

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:

Cassandra Johnson-Larky

Case No.:

18-55697 LRC

Chapter:

7

Debtor(s)

*Submission of Physician Statement/Request for
Postponement of Hearing Request*

*Debtor currently submits physician statement.
Debtor continues to remain under medical
care and requests no hearing be scheduled.
Until released from physicians Debtor continues
to receive outpatient medical procedures as required.*

CLERK OF COURT
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2019 JUL 25 AM 11:19

MARLENA THOMAS
CLERK
DEPUTY CLERK

Dated:

7/25/19

Signature:

Cassandra Johnson-Larky

Printed Name:

CASSANDRA Johnson-Larky
P.O. Box 1275

Address:

Graysville, Georgia
30017

Phone:

678-860-3621

EASTSIDE SURGICAL ASSOCIATES
1600 MEDICAL WAY, SUITE 220
OFFICE: 770-972-7999 FAX: 770-972-9528

Date: 7/19/2019

This is to certify that Cassandra Landry

Diagnosis: _____

() May resume usual and customary work activities on _____

() May return part-time on _____ for _____ week;
after which, he/she may resume full-time work.

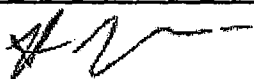
() May return to full-time work on _____ with the
following limitations: _____

() The above patient will undergo _____

() He/She will be out of work for approximately _____

(X) To Whom it may concern. Cassandra Landry is currently
under physicians care . She has not been released as of yet..

Signature:



Hi. Gargul MD

Kaiser Permanente

GWINNETT INTERNAL MEDICINE
3650 Steve Reynolds Blvd.
Duluth GA 30096

Encounter Date: 7/8/2019

Patient: Cassandra Johnson Landry
Health Record Number: 0651281

VERIFICATION OF TREATMENT

Cassandra Johnson Landry was seen at our medical offices on 7/8/19

Cassandra Johnson Landry reports she has been ill since 6/17/19. Hospitalized until 6/28/19

May not return to work until medically cleared by the surgeon.

7/8/19 [Signature]
Date/Time Provider Signature

Please note: A copy of this information will be maintained in our medical record. If validation of this verification is requested, a copy of this form will be forwarded to the requesting party.

I authorize release of this medical information.

Name Date

Witness Date

Your Health Care Team,
Kim A Livsey, MD

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CERTIFICATE OF SERVICE

I, the undersigned, hereby certify under penalty of perjury that I am, and at all times hereinafter mentioned, was more than 18 year of age, and that on the 25 day of July, 2019, I served a copy of the Submission of Physical Statements Request for postponing Hearing Request which was filed in this bankruptcy matter on the 25 day of July, 2019.

Mode of service (check one):

☒ MAILED

☐ HAND DELIVERED

Name and Address of each party served (If necessary, you may attach a list.):

J. Gregory Hays
Hays Financial Group LLC
Suite 555
2964 Peachtree Rd NW
Atlanta GA 30305

Herbert Broadbent II
2964 Peachtree Rd NW
Suite 555
Atlanta, GA 30305

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 7/25/19

Signature:

Cassandra Johnson-Landy

Printed Name:

Cassandra Johnson-Landy

Address:

P.O. Box 1275, Gresham GA 30017

Phone:

678 800 3621